

RPOA, RPOA Supv, & RPAA

2008 Rate Sheet

Calculation of your Monthly Insurance Costs... Items to Consider:

1. Select the Applicable City Contribution
2. Deduct Combined Medical and/or Dental Plan Cost
3. Remaining Balance Equals Monthly Cost to Employee
4. Employee Monthly Cost will be Deducted on a Bi-weekly Basis

Type	City Contribution (1)
Single	\$471.00
2-Party	\$775.00
Family	\$1,024.00

Plan (2)	Employee Only	Employee + 1 dependent	Employee + 2 or more dependents
	Full Time	Full Time	Full Time
Blue Cross PPO	\$558.76	\$1,113.74	\$1,424.92
Blue Cross HMO High	\$354.66	\$713.94	\$989.98
Blue Cross HMO Midway	\$335.70	\$675.58	\$937.00
Blue Cross HMO Low	\$308.88	\$620.98	\$861.24
Kaiser High	\$392.75	\$738.55	\$991.61
Kaiser Midway	\$346.99	\$669.78	\$858.72
Kaiser Low	\$311.28	\$600.50	\$815.16
Delta DPO	\$56.10	\$102.06	\$143.84
Deltacare	\$18.58	\$28.18	\$41.92
Local Advantage	\$56.10	\$102.06	\$143.84

Example

Plan	Employee Cost (3)
Kaiser Low -Family	\$815.16
Deltacare -Family	\$41.92
Total Cost	\$857.08
Monthly Cost to Employee	\$00.00